

Application For Services (System 7)

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STATE OF ARKANSAS

Asa Hutchinson
Governor

Charisse Childers, Ph.D.
Director



Arkansas Career Education
Division of Rehabilitation Services
Alan McClain, Commissioner

715 W. SHERMAN, SUITE E
HARRISON, AR 72601
(870)741-7153

<http://www.arsinfo.org>
An Equal Opportunity Employer

APPLICATION FOR SERVICES

NAME David Stebbins

I understand that I am responsible to help the Arkansas Rehabilitation Services (ARS) to determine my eligibility within 60 days of my application. I will be an applicant when I have:

- Signed the bottom of this form,
- Completed a ARS Intake Questionnaire, and
- Helped ARS to begin to get information that is needed to decide if I am eligible for services.

I understand that all of the information that ARS gathers about me will be confidential. This information will not be released to anyone without my informed written consent, except where allowed or required by law. It may be released if my actions cause serious concern about my safety or the safety of others. When ARS receives the information about me ARS will review it to determine if I am eligible for vocational rehabilitation services.

I understand that ARS can only pay for services if ARS writes an authorization before the services begin. I will not make promises to others that ARS will pay for any goods or services.

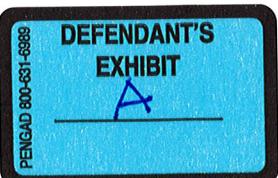
ARS has given me information about the Client Assistance Program (CAP) that is available in Arkansas (see reverse).

My counselor has explained the Order of Selection policy to me.

I understand that ARS may get information about my Social Security or Department of Social Services benefits, as well as Department of Labor employment records, for purposes of my vocational rehabilitation program.

If I disagree with any decision made by ARS (see Consumer Handbook for more information):

- I should first speak with my counselor to try to work out the problem.
- I also have the right to request an Administrative Review by the District Manager, mediation and/or Impartial Hearing.
- I must make a request for these steps within 30 days after they have notified me of the decision I disagree with.
- If I want to request an Administrative Review, I must send my request to the ARS District Manager in my area.
- If I want to request mediation or an Impartial Hearing, I must send my request to the ARS Commissioner, Arkansas Career Education, Division of Rehabilitation Services.



Application For Services (System 7)

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12/01/2015 13:27:12

David Stebbins

David Stebbins
Client

12/01/2015
Date

KEVIN COOK
Name of Counselor

Harrison
Office

(870)741-7153
Telephone

Certificate of Ineligibility - Stebbins, David (XXX-XX-4148) (System 7)

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4058 NORTH COLLEGE, STE.
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FAYETTEVILLE, AR 72703
(479)582-1286

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December 16, 2015

David Stebbins
123 W. Ridge
D
Harrison, AR 72601

RE: ARKANSAS REHABILITATION SERVICES CERTIFICATE OF INELIGIBILITY

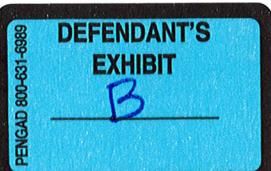
Client Name: David Stebbins
Case Number: 2015/12/16

Dear David Stebbins:

The diagnostic study has been completed, and based on the information I have and to the best of my knowledge and judgment, it does not appear that you are eligible for vocational rehabilitation services. If you are dissatisfied with this decision, you may file a request for an administrative review of this action to be made by a member or members of the supervisory staff of the agency. If dissatisfied with the findings of this review, you will be given an opportunity for a fair hearing. Applicants may be afforded an annual review to determine if any changes have occurred, which may result in a decision of eligibility.

THE REASON(S) FOR THIS DECISION IS:

Mr. Stebbins is not currently appropriate for vocational rehabilitation services. A referral to a local mental healthcare provider is strongly recommended. Mr. Stebbins would likely benefit from treatment and the support of a therapeutic relationship. Efforts to work with Mr. Stebbins should be coordinated with his treatment providers. His vocational success will depend on him stabilizing and effectively managing his psychiatric issues. In order for Mr. Stebbins to be appropriate for ARS services he should be able to demonstrate a period of stable functioning. He will also need to provide documentation from his mental healthcare providers that his symptoms are well-managed and they agree he is ready for training, school or work.



Certificate of Ineligibility - Stebbins, David (XXX-XX-4148) (System 7)

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DESCRIBE CLIENT INVOLVEMENT;

DATE FOR ANNUAL REVIEW IS [Insert date]

Sincerely,

AMY JONES CRC
District Manager

Blank Letter - Stebbins, David (XXX-XX-4148) (System 7)

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Alan McClain, Commissioner

December 17, 2015

David Stebbins
123 W. Ridge
D
Harrison, AR 72601

Dear David Stebbins:

Your case and records have been carefully reviewed and assessed by ARS. It has been determined that vocational rehabilitation services are not appropriate at this time.

The Licensed Psychological examiner has reported that a referral to a local mental healthcare provider is strongly recommended. Mr. Stebbins would likely benefit from treatment and the support of a therapeutic relationship. Efforts to work with Mr. Stebbins should be coordinated with his treatment providers. His vocational success will depend on him stabilizing and effectively managing his psychiatric issues. In order for Mr. Stebbins to be appropriate for ARS services he should be able to demonstrate a period of stable functioning. He will also need to provide documentation from his mental healthcare providers that his symptoms are well-managed and they agree he is ready for training, school or work.

After you have met the requirements for vocational rehabilitation services and can provide documentation of treatment, stability and recommendations from providers that you are ready for training, school or work, we will reassess your vocational service needs.

Best Regards,
AMY JONES CRC
District Manager

